STATEMENT OF

RECEIVE

FEC FORM 1		ORGA	NIZAT	ON 2012 N	V-5 AM 9	1: 35 Office Use Only
1. NAME OF COMMITTEE (i	in full)	(Check if na is changed)		kample:If typing, type ver the lines.	12FE4M5	CIC
PENNSYL	VAN	A SENATO	RIAL C	AUCUS		
ADDRESS (number a	and street)	P. O. BO	(,8394			
(Check if address is changed)		DELRAY	BEACH	 	FL ₃	3482
			CITY		STATE	ZIP CODE
	f address	ESS (Please provide on UnitedSta	_	address) natorialCaucu	ses@yal	noo.com
COMMITTEE'S WE	B PAGE AI	ODRESS (URL)				
(Check if is change	address					
2. DATE ÎÛ 29° ′ Ž01Ž °						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATE	MENT 2	NEW (N)	OR [AMENDED (A)		
I certify that I have	examined	this Statement and to	the best of m	y knowledge and belief it	is true, correct a	nd complete.
Type or Print Name	of Treasu	RICHAR	D KEV	INSTON		
Signature of Treasu	rer	(Kuff)			Date 10 [™]	′ 2 9° ′ 2012 ′
NOTE: Submission of	false, erro	•	-	subject the person signing the HOULD BE REPORTED W		e penalties of 2 U.S.C. §437g.
Office Use				For further information confederal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)